Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

(includir specific	ing condominiums) listed on the bui	t I am the owner of the 1, 2, 3 or 4 family, owner-occupied residence uilding permit that I am applying for, and I am not required to show insurance coverage for such residence because (please check the
	I am performing all the work for	which the building permit was issued.
		nsating in any way, the individual(s) that is(are) performing all the work as issued or helping me perform such work.
	attached building permit AND an	policy that is currently in effect and covers the property listed on the am hiring or paying individuals a total of less than 40 hours per week ividuals on the jobsite) for which the building permit was issued.
+ a f t t f f f f f f f f f f f f f f f f	forms approved by the Chair of the N the building permit if I need to hire or for all paid individuals on the jobsite have the general contractor, perform (including condominiums) listed on of workers' compensation coverage Chair of the NYS Workers' Compens	pensation coverage and provide appropriate proof of that coverage on NYS Workers' Compensation Board to the government entity issuing or pay individuals a total of 40 hours or more per week (aggregate hours te) for work indicated on the building permit; OR ming the work on the 1, 2, 3 or 4 family, owner-occupied residence in the building permit that I am applying for, provide appropriate proof se or proof of exemption from that coverage on forms approved by the insation Board to the government entity issuing the building permit if the more per week (aggregate hours for all paid individuals on the jobsite) permit.
	(Signature of Homeowner)	(Date Signed)
·	(Homeowner's Name Printed) by Address that requires the building	Home Telephone Number
		(County Clerk or Notary Public)

BP-1 (3/99)